## **Commercial Water Testing**

## **FRAKCO**

Due an a st Mana a

Address: 500 N Blue Mound Ave Luverne, MN 56156 Phone: 507-283-4416

Website: www.frakco.com

## **Contact Information**

Prospect Name:				
Address:				
City:		State:		Zip:
Phone:		Email:		
S	ource of Water: 🔲 Well	□City /Rural	🗌 Other:	
Water to be	used for:		Installation Details/Li	mitations
🔲 School 🛛 Restaurant	🗆 Motel	Door Openings:		
🔲 Boiler 🔲 Laundry	Dishwasher	, , ,		
🗆 Hospital 🔲 Farm	Nursing Home	Remote Brine Tank Location:		
□ R.O. □ Apartment	Other:			
Hours per Day Operation:		L:W:H:		
Days per Week Operation:		Weight vs. Floo	or Support:	
Facilit			Water requirem	ents
Supply Pipe SizeInches		Constant Flow Rate:gpm		
Pump Capacity:			Hours:gal	
Drain Line Sump:		Peak Flow:gpm		
	erating PressuretoPSI		Usage Determined By:	
Pressure at Installation:PSI		🔲 Water Bil	I 🔲 Flow Meter 🔲 F	ixture Count
Min. Pressure Allowed After L				
Existing Equipment	Water Com		Additio	onal Notes
Tank Size: HD				
Valve Size:	Iron:	ppm		
Capacity:	pH:			
cu. ft. Resin:	H2S:pp			
Make:	Color:			
Model No	Turbidity:			
Approx. Age:	T.D.S:			
	Other:			
	Frakco Rec	commenda	ations:	
Recommendations	are based off information	provided and wa	ater sample results at ti	me of analysis.
Recommended by:			C	Date: